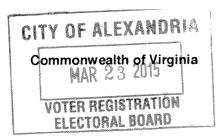
Virginia State Board of Elections

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE



*Please read instructions before completing this form.

	i icase icau ii	structions octore completing this					
Type of Statement							
X NEW		☐ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first		This committee is filing an amended Statement of Organization.					
time.		Date Changes Took Effect	SBE-issued Commit	tee ID			
CC-15-00262		-					
Committee Information							
	TONG FOR VIRGINIA						
	Name of Candidate Campaign Committee						
	629 Tivoli Passage						
Committee Information	Street Address/PO Box		Suite #				
	Alexandria		VA	22314			
	City		State	Zip Code			
	clarence.tong@gmail.com						
	Email Address		Daytime Phone #				
aling in the second of the sec							
	Campaign Website						
Candidate Information							
	Tong	Clarence	K.				
	Salutation Last Name	First Name	Middle Name	Suffix			
	629 Tivoli Passage						
	Residence Address		Apt #				
Candidate	Alexandria		VA				
Information	City		State Zip				
	ALEXANDRIA CITY		322801876				
	County or City of Residence		Voter Identification #				
	clarence.tong@gmail.cor	n	2679688319				
	Email Address	Daytime Phone #					
	By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information							
Election Information	Member House Of Delega	ites House Of D	House Of Delegates - 45th District				
	Office Sought	District (if one	2)				
	Democratic	2015	November □May	☐Special			
	Political Party	Year of Election	Type of Election) n			



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information						
·	Jones	Monika	L.			
Treasurer Information	Salutation Last Name	First Name	Middle Name	Suffix		
	220 Century Place	3	323			
	Residence Address	A	pt #			
	Alexandria	V	/ A	22304		
	City	S	tate	Zip Code		
	ALEXANDRIA CITY	919419506				
	County or City of Residence	Voter Identification #				
	monika.l.jones@gmail.com	8045028861				
	Email Address	Daytime Phone #				
	By checking this box, I certify that I am currently registered to vote at the address above.					
	Campaign	Depository	maka ni			
Wells Fargo						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Alexandria	VA					
City	State	City	State			
The wind the Secret of the Secret of Committee Activity of the contract of the Committee Activity of the Committee Activit						
Dates of Activity	Please provide the following dates. (If an Date first contribution accepted: Date first expenditure made: Date campaign depository designated Date filing fee paid for party nominal Date Statement of Qualification filed Date treasurer appointed:	d: 03/18/2015	urred for this committee,	write "N/A")		

(continued on next page)

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

	Filing Method				
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:				
	☑ File electronically using SBE's Electronic Filing Application.				
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
	Chr 3/22/15				
	Signature Date				
	Signatures				
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. 3 / 22 / 15 Date Date				
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Treasurer's Signature Treasurer's Signature				